Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Biomarkers for Myocardial Infarction and Chronic Heart Failure

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Cardiac biomarkers are the biochemical markers released in blood from injured myocardial tissue in both acute and chronic conditions, such as myocardial infarction or heart failure. They become elevated in blood after a certain period and can be measured. Examples of cardiac biomarkers commonly used in the acute clinical setting include troponin and creatine kinase MB isoenzyme (CKMB). Others, such as suppression of tumorigenicity 2 (ST2), can serve in long-term as markers of cardiomyocyte stress and fibrosis for risk stratification of patients with a wide spectrum of cardiovascular diseases.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

1. For individuals presenting with signs and symptoms of acute coronary syndrome (see Note 1), quantitative measurement of cardiac troponin (troponin T or I) for the diagnosis of myocardial infarction (MI) (when tested at an outpatient facility capable of performing an adequate clinical MI evaluation) **MEETS COVERAGE CRITERIA** up to four times within the first 72 hours following initial presentation.
2. Measurement of B-type natriuretic peptide (BNP) or N-terminal proBNP (NT-proBNP) **MEETS COVERAGE CRITERIA** in any of the following situations:
   a. To diagnose heart failure in individuals presenting with dyspnea.
   b. To establish disease severity in individuals with chronic heart failure (up to four times per year in the outpatient setting).
3. For individuals presenting with signs and symptoms of acute coronary syndrome (see Note 1), measurement of following cardiac biomarkers for the diagnosis and/or prognosis of MI **DOES NOT MEET COVERAGE CRITERIA**:
   a. Aspartate aminotransferase (AST/SGOT).
   b. Cardiac creatine kinase isoenzyme MB (CKMB).
   c. Creatine kinase (CK).
   d. Creatine kinase isoenzymes.
   e. Lactate dehydrogenase (LD, LDH).
   f. Myoglobin.
4. For individuals presenting with signs and symptoms of acute coronary syndrome (see Note 1), measurement of cardiac biomarkers in an outpatient setting which is not capable of performing adequate clinical MI evaluation (e.g., independent lab or physician's office) **DOES NOT MEET COVERAGE CRITERIA**.
5. In the outpatient setting, qualitative measurement of cardiac troponin (troponin T or I) **DOES NOT MEET COVERAGE CRITERIA**.

6. The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.
7. For individuals presenting with signs and symptoms of acute coronary syndrome (see **Note 1**), measurement of the following cardiac biomarkers for the diagnosis and/or prognosis of MI **DOES NOT MEET COVERAGE CRITERIA**:
   a. Copeptin.
   b. Troponin C.
   c. C-reactive protein.
   d. Heart-type fatty acid binding protein (H-FABP).
   e. Any other cardiac biomarkers not listed above.
8. For all situations in the outpatient setting, analysis of ST2 and/or its isoforms (e.g., Presage ST2) **DOES NOT MEET COVERAGE CRITERIA**.

NOTES:
Note 1: Acute Coronary Syndrome/Myocardial Infarction Common Signs and Symptoms:[3]

- Ischemic chest pain with radiation to an upper extremity, radiation to both arms, and pain associated with diaphoresis or with nausea and vomiting.
- Squeezing, tightness, pressure, constriction, crushing, strangling, burning, heartburn, fullness in the chest, band-like sensation, knot in the center of the chest, lump in throat, ache, heavy weight on chest and toothache (when there is radiation to the lower jaw).
- Ischemic pain often radiates to other parts of the body including the upper abdomen (epigastrium), shoulders, arms (upper and forearm), wrist, fingers, neck and throat, lower jaw and teeth (but not upper jaw), and not infrequently to the back (specifically the interscapular region).
- Shortness of breath, belching, nausea, indigestion, vomiting, diaphoresis, dizziness, lightheadedness, clamminess, and fatigue.

Atypical Signs and Symptoms:
Dyspnea alone, weakness, nausea and/or vomiting, epigastric pain or discomfort, palpitations, syncope, or cardiac arrest.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
82550	Creatine kinase (CK), (CPK); total
82552	Creatine kinase (CK), (CPK); isoenzymes
82553	Creatine kinase (CK), (CPK); MB fraction only
82554	Creatine kinase (CK), (CPK); isoforms
82725	Fatty acids, nonesterified
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)
83615	Lactate dehydrogenase (LD), (LDH);
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation
83874	Myoglobin
83880	Natriuretic peptide
84450	Transferase; aspartate amino (AST) (SGOT)
84484	Troponin, quantitative
84512	Troponin, qualitative
84588	Vasopressin (antidiuretic hormone, ADH)
84999	Unlisted chemistry procedure
86140	C-reactive protein
86141	C-reactive protein; high sensitivity (hsCRP)

Evidence-based Scientific References

1. Thygesen K, Alpert JS, White HD. Universal Definition of Myocardial Infarction. Circulation. 2007;116(22):2634-2653. doi:10.1161/circulationaha.107.187397
2. Bayes-Genis A, Zhang Y, Ky B. ST2 and patient prognosis in chronic heart failure. The American journal of cardiology. Apr 02 2015;115(7 Suppl):64b-9b. doi:10.1016/j.amjcard.2015.01.043
3. Reeder GS, Mahler SA. Initial evaluation and management of suspected acute coronary syndrome (myocardial infarction, unstable angina) in the emergency department. Updated May 30, 2025. https://www.uptodate.com/contents/initial-evaluation-and-management-of-suspected-acute-coronary-syndrome-myocardial-infarction-unstable-angina-in-the-emergency-department
4. Amsterdam EA, Wenger NK, Brindis RG, et al. 2014 AHA/ACC Guideline for the Management of Patients With Non–ST-Elevation Acute Coronary Syndromes. A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. 2014;130(25):e344-e426. doi:10.1161/cir.0000000000000134
5. WHO. Nomenclature and criteria for diagnosis of ischemic heart disease. Report of the Joint International Society and Federation of Cardiology/World Health Organization task force on standardization of clinical nomenclature. 1979;doi:10.1161/01.CIR.59.3.607
6. Thygesen K, Alpert JS, Jaffe AS, Simoons ML, Chaitman BR, White HD. Third Universal Definition of Myocardial Infarction. Circulation. 2012;126(16):2020-2035. doi:10.1161/CIR.0b013e31826e1058
7. Danese E, Montagnana M. An historical approach to the diagnostic biomarkers of acute coronary syndrome. Annals of translational medicine. May 2016;4(10):194. doi:10.21037/atm.2016.05.19
8. Colucci W. Overview of the management of heart failure with reduced ejection fraction in adults. Updated September 4, 2025. https://www.uptodate.com/contents/overview-of-the-management-of-heart-failure-with-reduced-ejection-fraction-in-adults
9. Colucci W, Dunlay S. Clinical manifestations and diagnosis of advanced heart failure. Updated November 11, 2024. https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-advanced-heart-failure
10. Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA Guideline for the Management of Heart Failure: Executive Summary. 2013-10-15 2013;doi:10.1161/CIR.0b013e31829e8807
11. Colucci W. Prognosis of heart failure. Updated September 8, 2025. https://www.uptodate.com/contents/prognosis-of-heart-failure
12. Marshall T, Williams J, Williams KM. Electrophoresis of serum isoenzymes and proteins following acute myocardial infarction. Journal of chromatography. Sep 13 1991;569(1-2):323-45. doi:10.1016/0378-4347(91)80236-6
13. Eggers KM, Oldgren J, Nordenskjold A, Lindahl B. Diagnostic value of serial measurement of cardiac markers in patients with chest pain: limited value of adding myoglobin to troponin I for exclusion of myocardial infarction. American heart journal. Oct 2004;148(4):574-81. doi:10.1016/j.ahj.2004.04.030
14. Kavsak PA, MacRae AR, Newman AM, et al. Effects of contemporary troponin assay sensitivity on the utility of the early markers myoglobin and CKMB isoforms in evaluating patients with possible acute myocardial infarction. Clinica chimica acta; international journal of clinical chemistry. May 1 2007;380(1-2):213-6. doi:10.1016/j.cca.2007.01.001
15. Bessman SP, Carpenter CL. The creatine-creatine phosphate energy shuttle. Annual review of biochemistry. 1985;54:831-62. doi:10.1146/annurev.bi.54.070185.004151
16. Penttila I, Penttila K, Rantanen T. Laboratory diagnosis of patients with acute chest pain. Clinical chemistry and laboratory medicine. Mar 2000;38(3):187-97. doi:10.1515/cclm.2000.027
17. Dillon MC, Calbreath DF, Dixon AM, et al. Diagnostic problem in acute myocardial infarction: CK-MB in the absence of abnormally elevated total creatine kinase levels. Archives of internal medicine. Jan 1982;142(1):33-8. doi:10.1001/archinte.1982.00340140035009
18. Heller GV, Blaustein AS, Wei JY. Implications of increased myocardial isoenzyme level in the presence of normal serum creatine kinase activity. The American journal of cardiology. Jan 1 1983;51(1):24-7. doi:10.1016/s0002-9149(83)80006-x
19. Yusuf S, Collins R, Lin L, Sterry H, Pearson M, Sleight P. Significance of elevated MB isoenzyme with normal creatine kinase in acute myocardial infarction. The American journal of cardiology. Feb 1 1987;59(4):245-50. doi:10.1016/0002-9149(87)90793-4
20. Engel G, Rockson SG. Feasibility and Reliability of Rapid Diagnosis of Myocardial Infarction. The American Journal of the Medical Sciences. 2020/02/01/ 2020;359(2):73-78. doi:10.1016/j.amjms.2019.12.012
21. Greaser ML, Gergely J. Reconstitution of troponin activity from three protein components. The Journal of biological chemistry. Jul 10 1971;246(13):4226-33. doi:10.1016/S0021-9258(18)62075-7
22. Bodor GS, Porterfield D, Voss EM, Smith S, Apple FS. Cardiac troponin-I is not expressed in fetal and healthy or diseased adult human skeletal muscle tissue. Clinical chemistry. Dec 1995;41(12 Pt 1):1710-5. doi:10.1093/clinchem/41.12.1710
23. Bodor GS, Survant L, Voss EM, Smith S, Porterfield D, Apple FS. Cardiac troponin T composition in normal and regenerating human skeletal muscle. Clinical chemistry. Mar 1997;43(3):476-84. doi:10.1093/clinchem/43.3.476
24. Anderson PA, Malouf NN, Oakeley AE, Pagani ED, Allen PD. Troponin T isoform expression in humans. A comparison among normal and failing adult heart, fetal heart, and adult and fetal skeletal muscle. Circulation research. Nov 1991;69(5):1226-33. doi:10.1161/01.res.69.5.1226

25. Saggin L, Gorza L, Ausoni S, Schiaffino S. Cardiac troponin T in developing, regenerating and denervated rat skeletal muscle. Development (Cambridge, England). Oct 1990;110(2):547-54. doi:10.1242/dev.110.2.547
26. McLaurin MD, Apple FS, Voss EM, Herzog CA, Sharkey SW. Cardiac troponin I, cardiac troponin T, and creatine kinase MB in dialysis patients without ischemic heart disease: evidence of cardiac troponin T expression in skeletal muscle. Clinical chemistry. Jun 1997;43(6 Pt 1):976-82. doi:10.1093/clinchem/43.6.976
27. Neumann JT, Twerenbold R, Ojeda F, et al. Application of High-Sensitivity Troponin in Suspected Myocardial Infarction. N Engl J Med. Jun 27 2019;380(26):2529-2540. doi:10.1056/NEJMoa1803377
28. Anand A, Shah ASV, Beshiri A, Jaffe AS, Mills NL. Global Adoption of High-Sensitivity Cardiac Troponins and the Universal Definition of Myocardial Infarction. Clinical chemistry. Mar 2019;65(3):484-489. doi:10.1373/clinchem.2018.298059
29. Chan D, Ng LL. Biomarkers in acute myocardial infarction. BMC Med. Jun 7 2010;8:34. doi:10.1186/1741-7015-8-34
30. Boeddinghaus J, Nestelberger T, Koechlin L, et al. Early Diagnosis of Myocardial Infarction With Point-of-Care High-Sensitivity Cardiac Troponin I. Journal of the American College of Cardiology. 2020;75(10):1111-1124. doi:10.1016/j.jacc.2019.12.065
31. Glatz JF, van der Vusse GJ. Cellular fatty acid-binding proteins: current concepts and future directions. Molecular and cellular biochemistry. Oct 15-Nov 8 1990;98(1-2):237-51. doi:10.1007/bf00231390
32. Van Nieuwenhoven FA, Kleine AH, Wodzig WH, et al. Discrimination between myocardial and skeletal muscle injury by assessment of the plasma ratio of myoglobin over fatty acid-binding protein. Circulation. Nov 15 1995;92(10):2848-54. doi:10.1161/01.CIR.92.10.2848
33. Seino Y, Ogata K, Takano T, et al. Use of a whole blood rapid panel test for heart-type fatty acid-binding protein in patients with acute chest pain: comparison with rapid troponin T and myoglobin tests. The American journal of medicine. Aug 15 2003;115(3):185-90. doi:10.1016/s0002-9343(03)00325-5
34. Nguyen TN, Le PXM, Le TX, et al. The Value of Heart-Fatty Acid Binding Protein (H-FABP) in the Early Diagnostic of Patients with Acute Myocardial Infarction. Journal of the American College of Cardiology. 2020;75(11_Supplement_1):18-18. doi:10.1016/S0735-1097(20)30645-8
35. Khan SQ, Dhillon OS, O'Brien RJ, et al. C-Terminal Provasopressin (Copeptin) as a Novel and Prognostic Marker in Acute Myocardial Infarction. Leicester Acute Myocardial Infarction Peptide (LAMP) Study. 2007;115(16):2103-2110. doi:10.1161/circulationaha.106.685503
36. Maisel A, Mueller C, Neath S-X, et al. Copeptin Helps in the Early Detection of Patients With Acute Myocardial Infarction: Primary Results of the CHOPIN Trial (Copeptin Helps in the early detection Of Patients with acute myocardial INfarction). Journal of the American College of Cardiology. 2013/07/09/ 2013;62(2):150-160. doi:10.1016/j.jacc.2013.04.011
37. Hillinger P, Twerenbold R, Jaeger C, et al. Optimizing Early Rule-Out Strategies for Acute Myocardial Infarction: Utility of 1-Hour Copeptin. Clinical chemistry. 2015;61(12):1466-1474. doi:10.1373/clinchem.2015.242743
38. Pascual-Figal DA, Januzzi JL. The biology of ST2: the International ST2 Consensus Panel. The American journal of cardiology. Apr 02 2015;115(7 Suppl):3b-7b. doi:10.1016/j.amjcard.2015.01.034
39. Januzzi JL, Mebazaa A, Di Somma S. ST2 and prognosis in acutely decompensated heart failure: the International ST2 Consensus Panel. The American journal of cardiology. Apr 02 2015;115(7 Suppl):26b-31b. doi:10.1016/j.amjcard.2015.01.037
40. FDA. Substantial Equivalence Determination. https://www.accessdata.fda.gov/cdrh_docs/reviews/K111452.pdf
41. Colucci WS, Chen HH. Natriuretic peptide measurement in heart failure. Updated March 11, 2024. https://www.uptodate.com/contents/natriuretic-peptide-measurement-in-heart-failure
42. Roche. Roche CARDIAC Trop T Sensitive test (visual). https://diagnostics.roche.com/global/en/products/params/roche-cardiac-trop-t-sensitive-test-visual.html
43. ResponseBio. Point of Care Cardiac. https://responsebio.com/acute-care-diagnostics/cardiovascular/
44. Jeong JH, Seo YH, Ahn JY, et al. Performance of Copeptin for Early Diagnosis of Acute Myocardial Infarction in an Emergency Department Setting. Ann Lab Med. Jan 2020;40(1):7-14. doi:10.3343/alm.2020.40.1.7
45. Wijk SS-v, Maeder MT, Nietlispach F, et al. Long-Term Results of Intensified, N-Terminal-Pro-B-Type Natriuretic Peptide–Guided Versus Symptom-Guided Treatment in Elderly Patients With Heart Failure. Circulation: Heart Failure. 2014;7(1):131-139. doi:10.1161/CIRCHEARTFAILURE.113.000527
46. Wang Y, Tan X, Gao H, et al. Magnitude of Soluble ST2 as a Novel Biomarker for Acute Aortic Dissection. Circulation. Jan 16 2018;137(3):259-269. doi:10.1161/circulationaha.117.030469

47. Boman K, Thormark Frost F, Bergman AR, Olofsson M. NTproBNP and ST2 as predictors for all-cause and cardiovascular mortality in elderly patients with symptoms suggestive for heart failure. Biomarkers : biochemical indicators of exposure, response, and susceptibility to chemicals. May - Jun 2018;23(4):373-379. doi:10.1080/1354750x.2018.1431692
48. Dimitropoulos S, Mystakidi VC, Oikonomou E, et al. Association of Soluble Suppression of Tumorigenesis-2 (ST2) with Endothelial Function in Patients with Ischemic Heart Failure. Int J Mol Sci. Dec 9 2020;21(24)doi:10.3390/ijms21249385
49. Hou ZW, Yu HB, Liang YC, et al. Circulating Soluble ST2 Predicts All-Cause Mortality in Severe Heart Failure Patients with an Implantable Cardioverter Defibrillator. Cardiol Res Pract. 2020;2020:4375651. doi:10.1155/2020/4375651

50. Pop-Busui R, Januzzi JL, Bruemmer D, et al. Heart Failure: An Underappreciated Complication of Diabetes. A Consensus Report of the American Diabetes Association. Diabetes Care. 2022;45(7):1670-1690. doi:10.2337/dci22-0014
51. Jarolim P, White WB, Cannon CP, Gao Q, Morrow DA. Serial Measurement of Natriuretic Peptides and Cardiovascular Outcomes in Patients With Type 2 Diabetes in the EXAMINE Trial. Diabetes Care. Jul 2018;41(7):1510-1515. doi:10.2337/dc18-0109
52. Jaffe AS, Chaitman BR, Morrow DA, et al. Fourth universal definition of myocardial infarction (2018). European Heart Journal. 2018;40(3):237-269. doi:10.1093/eurheartj/ehy462
53. Tamis-Holland Jacqueline E, Jneid H, Reynolds Harmony R, et al. Contemporary Diagnosis and Management of Patients With Myocardial Infarction in the Absence of Obstructive Coronary Artery Disease: A Scientific Statement From the American Heart Association. Circulation. 2019/04/30 2019;139(18):e891-e908. doi:10.1161/CIR.0000000000000670
54. Heidenreich PA, Bozkurt, B., Aguilar, D., Allen, L. A., Byun, J. J., Colvin, M. M., Deswal, A., Drazner, M. H., Dunlay, S. M., Evers, L. R., Fang, J. C., Fedson, S. E., Fonarow, G. C., Hayek, S. S., Hernandez, A. F., Khazanie, P., Kittleson, M. M., Lee, C. S., Link, M. S., & Milano, C. A. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. Journal of the American College of Cardiology. 2022;doi:10.1016/j.jacc.2021.12.012
55. Chow SL, Maisel AS, Anand I, et al. Role of Biomarkers for the Prevention, Assessment, and Management of Heart Failure: A Scientific Statement From the American Heart Association. Circulation. 2017/05/30 2017;135(22):e1054-e1091. doi:10.1161/CIR.0000000000000490
56. Cresci S, Pereira Naveen L, Ahmad F, et al. Heart Failure in the Era of Precision Medicine: A Scientific Statement From the American Heart Association. Circulation: Genomic and Precision Medicine. 2019/10/01 2019;12(10):e000058. doi:10.1161/HCG.0000000000000058
57. Committee ADAPP. 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2025. Diabetes Care. 2024;48(Supplement_1):S207-S238. doi:10.2337/dc25-S010
58. Diabetes* ADAPPCf. 10. Cardiovascular Disease and Risk Management: Standards of Care in Diabetes—2026. Diabetes Care. 2025;49(Supplement_1):S216-S245. doi:10.2337/dc26-S010
59. Herman WH, Kuo S. Is Screening for Heart Failure and Peripheral Artery Disease Warranted in Asymptomatic Adults With Diabetes? A Perspective on the 2025 American Diabetes Association “Standards of Care in Diabetes”. Diabetes Care. 2025;48(9):1465-1471. doi:10.2337/dci24-0103
60. Moussa ID, Klein LW, Shah B, et al. Consideration of a new definition of clinically relevant myocardial infarction after coronary revascularization: an expert consensus document from the Society for Cardiovascular Angiography and Interventions (SCAI). J Am Coll Cardiol. Oct 22 2013;62(17):1563-70. doi:10.1016/j.jacc.2013.08.720
61. Gencer B, Brotons C, Mueller C, et al. 2015 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation: Task Force for the Management of Acute Coronary Syndromes in Patients Presenting without Persistent ST-Segment Elevation of the European Society of Cardiology (ESC). European Heart Journal. 2016;37(3):267-315. doi:10.1093/eurheartj/ehv320
62. Knuuti J, Wijns W, Saraste A, et al. 2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes: The Task Force for the diagnosis and management of chronic coronary syndromes of the European Society of Cardiology (ESC). European Heart Journal. 2019;41(3):407-477. doi:10.1093/eurheartj/ehz425
63. Collet JP, Thiele H, Barbato E, et al. 2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. Eur Heart J. Apr 7 2021;42(14):1289-1367. doi:10.1093/eurheartj/ehaa575
64. Byrne RA, Rossello X, Coughlan JJ, et al. 2023 ESC Guidelines for the management of acute coronary syndromes: Developed by the task force on the management of acute coronary syndromes of the European Society of Cardiology (ESC). European Heart Journal. 2023;44(38):3720-3826. doi:10.1093/eurheartj/ehad191
65. Vrints C, Andreotti F, Koskinas KC, et al. 2024 ESC Guidelines for the management of chronic coronary syndromes: Developed by the task force for the management of chronic coronary syndromes of the European Society of Cardiology (ESC) Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS). European Heart Journal. 2024;45(36):3415-3537. doi:10.1093/eurheartj/ehae177
66. McDonagh TA, Metra M, Adamo M, et al. 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. Eur Heart J. Sep 21 2021;42(36):3599-3726. doi:10.1093/eurheartj/ehab368
67. Crespo-Leiro MG, Metra M, Lund LH, et al. Advanced heart failure: a position statement of the Heart Failure Association of the European Society of Cardiology. European journal of heart failure. May 27 2018;doi:10.1002/ejhf.1236
68. Docherty KF, Lam CSP, Rakisheva A, et al. Heart failure diagnosis in the general community – Who, how and when? A clinical consensus statement of the Heart Failure Association (HFA) of the European Society of Cardiology (ESC). European journal of heart failure. 2023;25(8):1185-1198. doi:10.1002/ejhf.2946
69. ASCP. Don’t test for myoglobin or CK-MB in the diagnosis of acute myocardial infarction (AMI). Instead, use troponin I or T. https://www.mlo-online.com/home/article/13008063/ascp-announces-new-choosing-wisely-recommendations
70. NICE. Chest pain of recent onset: assessment and diagnosis. Updated November 30, 2016. https://www.nice.org.uk/guidance/cg95/chapter/Recommendations
71. NICE. Chronic heart failure in adults: diagnosis and management. Updated September 3, 2025. https://www.nice.org.uk/guidance/ng106

72. NICE. High-sensitivity troponin tests for the early rule out of NSTEMI. Updated August 26, 2020. https://www.nice.org.uk/guidance/htg5

Publication History

11/01/2026: Annual policy review; administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.